

		FOR OFF USE					

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2005
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2005)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0040691

Facility Name: ALDEN TERRACE OF MCHENRY REHAB

Address: 803 ROYAL DRIVE MCHENRY 60050
Number City Zip Code

County: McHenry

Telephone Number: (815) 344-2600 Fax # (815) 344-5414

IDPA ID Number: 36-4003491

Date of Initial License for Current Owners: 03/01/95

Type of Ownership:

VOLUNTARY,NON-PROFIT
Charitable Corp.
Trust
IRS Exemption Code

X PROPRIETARY
Individual
Partnership
X Corporation
"Sub-S" Corp.
Limited Liability Co.
Trust
Other

GOVERNMENTAL
State
County
Other

In the event there are further questions about this report, please contact:
Name: STEVEN M. KROLL Telephone Number: (773) 286-3883

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2005 to 12/31/05 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) (Date)
(Type or Print Name) STEVEN M. KROLL
(Title) CHIEF FINANCIAL OFFICER

Paid Preparer

(Signed) (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) () Fax # ()

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number ALDEN TERRACE OF MCHENRY REHAB

0040691 Report Period Beginning: 1/1/2005 Ending: 12/31/05

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	316	Skilled (SNF)	316	115,340	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	316	TOTALS	316	115,340	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	15,002	2,377	8,190	25,569	8
9	SNF/PED					9
10	ICF	36,253	3,145	1,062	40,460	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	51,255	5,522	9,252	66,029	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 57.25%

D. How many bed-hold days during this year were paid by the Department? 0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)

DAYCARE

F. Does the facility maintain a daily midnight census? YES

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES ☐ NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES ☐ NO ☒

I. On what date did you start providing long term care at this location?
Date started 3/01/95

J. Was the facility purchased or leased after January 1, 1978?
YES ☒ Date 3/01/95 NO ☐

K. Was the facility certified for Medicare during the reporting year?
YES ☒ NO ☐ If YES, enter number of beds certified 132 and days of care provided 7,959

Medicare Intermediary ADMINISTAR FEDERAL

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

Is your fiscal year identical to your tax year? YES ☐ NO ☐

Tax Year: 12/31/05 Fiscal Year: 12/31/05

* All facilities other than governmental must report on the accrual basis.

STATE OF ILLINOIS

Facility Name & ID Number

ALDEN TERRACE OF MCHENRY REHAE

#

0040691

Report Period Beginning:

1/1/2005

Ending:

12/31/05

Page 3

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	A. General Services	1	2	3	4	5	6	7	8			
1	Dietary	243,496	30,855	9,600	283,951	122	284,073	(5,126)	278,947			1
2	Food Purchase		379,130		379,130	(38,441)	340,689	7,193	347,882			2
3	Housekeeping	171,261	52,254		223,515	450	223,965		223,965			3
4	Laundry	71,952	27,244		99,196	87	99,283		99,283			4
5	Heat and Other Utilities			246,597	246,597		246,597	(8,271)	238,326			5
6	Maintenance	28,444		137,654	166,098	38	166,136	19,288	185,424			6
7	Other (specify):* Related Party Salary							56,151	56,151			7
8	TOTAL General Services	515,153	489,483	393,851	1,398,487	(37,744)	1,360,743	69,235	1,429,978			8
	B. Health Care and Programs											
9	Medical Director											9
10	Nursing and Medical Records	2,771,440	180,299	16,500	2,968,239	(58,066)	2,910,173	1,784	2,911,957			10
10a	Therapy	84,332		70,895	155,227	24	155,251		155,251			10a
11	Activities	80,188	624	5,361	86,173		86,173		86,173			11
12	Social Services	52,946			52,946		52,946		52,946			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Related Party Salary							33,402	33,402			15
16	TOTAL Health Care and Programs	2,988,906	180,923	92,756	3,262,585	(58,042)	3,204,543	35,186	3,239,729			16
	C. General Administration											
17	Administrative	88,130			88,130		88,130		88,130			17
18	Directors Fees											18
19	Professional Services			747,383	747,383		747,383	(703,228)	44,155			19
20	Dues, Fees, Subscriptions & Promotions			54,784	54,784	(3,665)	51,119	(33,562)	17,557			20
21	Clerical & General Office Expenses	156,344	18,164	49,371	223,879	3,734	227,613	16,779	244,392			21
22	Employee Benefits & Payroll Taxes			497,985	497,985	36,409	534,394	(4,980)	529,414			22
23	Inservice Training & Education					31,205	31,205		31,205			23
24	Travel and Seminar			4,932	4,932		4,932	19,092	24,024			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			361,850	361,850		361,850	286	362,136			26
27	Other (specify):* Related Party Salary/Bad Debt			68,859	68,859		68,859	416,684	485,543			27
28	TOTAL General Administration	244,474	18,164	1,785,164	2,047,802	67,683	2,115,485	(288,929)	1,826,556			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,748,533	688,570	2,271,771	6,708,874	(28,103)	6,680,771	(184,508)	6,496,263			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.
 NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			94,185	94,185		94,185	1,680	95,865			30
31	Amortization of Pre-Op. & Org.							1,845	1,845			31
32	Interest			141,792	141,792		141,792	(55,055)	86,737			32
33	Real Estate Taxes			226,766	226,766		226,766	8,125	234,891			33
34	Rent-Facility & Grounds			1,745,242	1,745,242		1,745,242		1,745,242			34
35	Rent-Equipment & Vehicles			14,126	14,126		14,126	32,586	46,712			35
36	Other (specify):*											36
37	TOTAL Ownership			2,222,111	2,222,111		2,222,111	(10,819)	2,211,292			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		413,239	540,282	953,521	28,103	981,624	(253,314)	728,310			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			173,010	173,010		173,010		173,010			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		413,239	713,292	1,126,531	28,103	1,154,634	(253,314)	901,320			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,748,533	1,101,809	5,207,174	10,057,516		10,057,516	(448,641)	9,608,875			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

Reclassifications - Pgs 3 and 4

From Line	To Line	Amount	Description
2	22	(38,441) 38,441	Employee Meal Employee Meal
22	1	(2,032) 122	Uniforms Uniforms
	3	450	Uniforms
	4	87	Uniforms
	6	37	Uniforms
	10	1,242	Uniforms
	11	24	Uniforms
	21	69	Uniforms
10	39	(28,103) 28,103	Oxygen Oxygen
10	23	(31,205) 31,205	Med consult-Dart Med consult-Dart
<div><div>-</div><div></div></div>			Net must be 0

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(383)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(973)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(915)	21		17
18	Fines and Penalties				18
19	Entertainment	(1,535)	20		19
20	Contributions	1,448	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(3,079)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(68,859)	27		24
25	Fund Raising, Advertising and Promotional	(34,163)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (108,459)		\$	30

OHF USE ONLY							
48		49		50		51	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(150,492)	Various	34
35	Other- Attach Schedule	(189,690)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (340,182)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (448,641)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification.
(See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	\$		38
39			x			39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

ID#0040691

Report Period Beginning:1/1/2005

Ending:12/31/05

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1		\$		1
2	Late fees on utilities	(11,704)	5	2
3	Late fee on telephone	(41)	21	3
4	2005 deferred maintenance. Adjustment	694	6	4
5	Prior year dep exp taken in 2005	(406)	30	5
6	2005 deferred paint. Adjustment	7,810	6	6
7	2005 deferred paint. Adjustment	(7,810)	30	7
8	Intercompany interest	(138,672)	32	8
9				9
10	Misc Income	(216)	10	10
11				11
12	Marketing Manger	(33,654)	21	12
13	Eliminate benefits for Marketing Manager	(4,980)	22	13
14				14
15	Vendor Settlements - Accounting Fees	(780)	19	15
16	Move Vendor Settlements to Prof. Fees	780	21	16
17	Court Reporting Fees	(711)	19	17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(189,690)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number ALDEN TERRACE OF MCHENRY REHAB

0040691

Report Period Beginning:

1/1/2005

Ending:

12/31/05

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	(5,126)	0	0	0	0	0	0	0	(5,126)	1
2	Food Purchase	(973)	0	0	8,166	0	0	0	0	0	0	0	7,193	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(11,704)	0	3,433	0	0	0	0	0	0	0	0	(8,271)	5
6	Maintenance	8,504	0	10,221	0	0	0	563	0	0	0	0	19,288	6
7	Other (specify):*	0	0	51,457	4,694	0	0	0	0	0	0	0	56,151	7
8	TOTAL General Services	(4,173)	0	65,111	7,734	0	0	563	0	0	0	0	69,235	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(216)	0	0	3,834	(1,834)	0	0	0	0	0	0	1,784	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	33,402	0	0	0	0	0	0	0	0	33,402	15
16	TOTAL Health Care and Programs	(216)	0	33,402	3,834	(1,834)	0	0	0	0	0	0	35,186	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(4,570)	0	(698,658)	0	0	0	0	0	0	0	0	(703,228)	19
20	Fees, Subscriptions & Promotions	(34,250)	0	688	0	0	0	0	0	0	0	0	(33,562)	20
21	Clerical & General Office Expenses	(33,830)	0	36,061	6,147	8,401	0	0	0	0	0	0	16,779	21
22	Employee Benefits & Payroll Taxes	(4,980)	0	0	0	0	0	0	0	0	0	0	(4,980)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	19,092	0	0	0	0	0	0	0	0	19,092	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	286	0	0	0	0	0	0	0	0	286	26
27	Other (specify):*	(68,859)	0	467,110	9,096	9,337	0	0	0	0	0	0	416,684	27
28	TOTAL General Administration	(146,489)	0	(175,421)	15,243	17,738	0	0	0	0	0	0	(288,929)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(150,878)	0	(76,908)	26,811	15,904	0	563	0	0	0	0	(184,508)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number ALDEN TERRACE OF MCHENRY REHAB # 0040691 Report Period Beginning: 1/1/2005 Ending: 12/31/05

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(8,216)	0	8,035	0	1,861	0	0	0	0	0	0	1,680	30
31	Amortization of Pre-Op. & Org.	0	0	1,845	0	0	0	0	0	0	0	0	1,845	31
32	Interest	(139,055)	0	80,535	0	1,579	1,886	0	0	0	0	0	(55,055)	32
33	Real Estate Taxes	0	0	7,508	0	617	0	0	0	0	0	0	8,125	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	32,586	0	0	0	0	0	0	0	0	32,586	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(147,271)	0	130,509	0	4,057	1,886	0	0	0	0	0	(10,819)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(87,147)	(51,156)	(115,011)	0	0	0	0	0	(253,314)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(87,147)	(51,156)	(115,011)	0	0	0	0	0	(253,314)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(298,149)	0	53,601	(60,336)	(31,195)	(113,125)	563	0	0	0	0	(448,641)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See page 6K						

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

YES

NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V			\$			\$	\$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$			\$	\$ *	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	19	Professional Fees	\$ 717,669	Alden Management Services, Inc.	0.00%	\$ 19,011	\$ (698,658)	15
16	V	21	Gen'l & Admin		Alden Management Services, Inc.		36,061	36,061	16
17	V	5	Utilities		Alden Management Services, Inc.		3,433	3,433	17
18	V	6	Repair/Mainten.		Alden Management Services, Inc.		10,221	10,221	18
19	V	24	Travel/Seminar		Alden Management Services, Inc.		19,092	19,092	19
20	V	26	Insurance		Alden Management Services, Inc.		286	286	20
21	V	20	Dues/Subscriptions		Alden Management Services, Inc.		688	688	21
22	V	30	Depreciation		Alden Management Services, Inc.		8,035	8,035	22
23	V	31	Amortization		Alden Management Services, Inc.		1,845	1,845	23
24	V	33	Real Estate Taxes		Alden Management Services, Inc.		7,508	7,508	24
25	V	35	Rent-Equip & Vehic		Alden Management Services, Inc.		32,586	32,586	25
26	V	32	Interest		Alden Management Services, Inc.		80,535	80,535	26
27	V	7	Gen'l Service Salary		Alden Management Services, Inc.		51,457	51,457	27
28	V	15	Health Care Salary		Alden Management Services, Inc.		33,402	33,402	28
29	V	27	Gen'l & Admin Salary		Alden Management Services, Inc.		467,110	467,110	29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 717,669			\$ 771,270	\$ * 53,601	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary Cons.	\$ 9,600	Prism	0.00%	\$ 4,474	\$ (5,126)	15
16	V	7	Dietary Salary		Prism		4,694	4,694	16
17	V	2	Tube Feeding	15,751	Prism		23,917	8,166	17
18	V	10	Equipment Rental	3,060	Prism		6,894	3,834	18
19	V	39	Supplies	118,908	Prism		31,761	(87,147)	19
20	V	39	Vent Rental		Prism				20
21	V	27	G&A: Salary		Prism		9,096	9,096	21
22	V	21	G&A		Prism		6,147	6,147	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 147,319			\$ 86,983	\$ * (60,336)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Drugs	\$ 152,820	Forum Extended Care II	0.00%	\$ 217,498	\$ 64,678	15
16	V	39	I.V.	133,650	Forum Extended Care II		19,523	(114,127)	16
17	V	39	Wound Care	7,862	Forum Extended Care II		6,155	(1,707)	17
18	V	10	House Stock	7,506	Forum Extended Care II		6,657	(849)	18
19	V	10	Pharm Consult.	7,674	Forum Extended Care II		6,689	(985)	19
20	V	27	Employ. Vaccin.	1,174	Forum Extended Care II		919	(255)	20
21	V	27	G&A Salary		Forum Extended Care II		9,592	9,592	21
22	V	21	Gen'l & Admin		Forum Extended Care II		8,401	8,401	22
23	V	32	Interest		Forum Extended Care II		1,579	1,579	23
24	V	33	RE Tax		Forum Extended Care II		617	617	24
25	V	30	Depreciation		Forum Extended Care II		1,861	1,861	25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 310,686			\$ 279,491	\$ * (31,195)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	therapy	\$ 525,954	Community Physical Therapy	0.00%	\$ 410,943	\$ (115,011)	15
16	V	32	interest		Community Physical Therapy		1,886	1,886	16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 525,954			\$ 412,829	\$ * (113,125)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	repairs and maintenance	\$ 24,003	Alden Bennett Construction	0.00%	\$ 24,566	\$ 563	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 24,003			\$ 24,566	\$ * 563	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A Schlossberg	President/CFO	Presid.	100.00	131,444	2.308	5.77	salary	\$ 8,056	27-7	1
2	Lauren Magnussen	Clinical Coordinator	Nursing		71,379	2.308	5.77	salary	4,375	15-7	2
3	Terry Magnussen	Maintenance Supr	Maint.		48,526	2.308	5.77	salary	2,974	7-7	3
4											4
5											5
6	a. Floyd Schlossberg is the President and sole stockholder of The Alden Group,Ltd.										6
7	b. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is a nurse coordinator.										7
8	c. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry is in maintenance and construction.										8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 15,405		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number ALDEN TERRACE OF MCHENRY REHAB # 0040691 Report Period Beginning: 1/1/2005 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization Alden Management Services,Inc.
Street Address 4200 W. Peterson
City / State / Zip Code Chicago,IL60646
Phone Number (773-286-3883)
Fax Number (773-286-3743)

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1		see page 8a				\$	\$		\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10		
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense			
		YES	NO				Original	Balance						
	A. Directly Facility Related													
	Long-Term													
1							\$		\$			\$	1	
2													2	
3													3	
4													4	
5													5	
	Working Capital													
6	CPT/IHT	X										1,886	6	
7	FECH	X										1,579	7	
8	AMS & Ther. Systems Int.	X										83,655	8	
9	TOTAL Facility Related						\$		\$			\$	87,120	9
	B. Non-Facility Related*													
10	offset interest expense with interest ncome											(383)	10	
11													11	
12													12	
13													13	
14	TOTAL Non-Facility Related						\$		\$			\$	(383)	14
15	TOTALS (line 9+line14)						\$		\$			\$	86,737	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ Line #

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		Important , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.																						
1. Real Estate Tax accrual used on 2004 report.				\$	222,800 1																			
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)				\$	221,466 2																			
3. Under or (over) accrual (line 2 minus line 1).				\$	(1,334) 3																			
4. Real Estate Tax accrual used for 2005 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	228,100 4																			
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)				\$	5																			
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)				\$	6																			
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	226,766 7																			
Real Estate Tax History:																								
Real Estate Tax Bill for Calendar Year:		2000	202,250	8	<table><tr><td colspan="3">FOR OHF USE ONLY</td></tr><tr><td>13</td><td>FROM R. E. TAX STATEMENT FOR 2004</td><td>\$</td><td>13</td></tr><tr><td>14</td><td>PLUS APPEAL COST FROM LINE 5</td><td>\$</td><td>14</td></tr><tr><td>15</td><td>LESS REFUND FROM LINE 6</td><td>\$</td><td>15</td></tr><tr><td>16</td><td>AMOUNT TO USE FOR RATE CALCULATION</td><td>\$</td><td>16</td></tr></table>	FOR OHF USE ONLY			13	FROM R. E. TAX STATEMENT FOR 2004	\$	13	14	PLUS APPEAL COST FROM LINE 5	\$	14	15	LESS REFUND FROM LINE 6	\$	15	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16
FOR OHF USE ONLY																								
13	FROM R. E. TAX STATEMENT FOR 2004	\$	13																					
14	PLUS APPEAL COST FROM LINE 5	\$	14																					
15	LESS REFUND FROM LINE 6	\$	15																					
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16																					
		2001	203,951	9																				
		2002	216,193	10																				
		2003	216,314	11																				
		2004	221,467	12																				
Current year accrual is an estimate based on a 3% increase of prior year's bill.																								

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO:

Long Term Care Facilities with Real Estate Tax Rates

RE:

2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

ALDEN TERRACE OF MCHENRY REHAB

COUNTY

Mchenry

FACILITY IDPH LICENSE NUMBER

0040691

CONTACT PERSON REGARDING THIS REPORT

Steven M. Kroll

TELEPHONE

773-286-3883

FAX #:

773-286-3743

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

	(A)	(B)	(C)	(D)
				<u>Tax</u>
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Applicable to</u>
				<u>Nursing Home</u>
1.	09-34-177-006	Nursing home facility	\$ 3,260.80	\$ 3,260.80
2.	09-34-177-009	Nursing home facility	\$ 217,966.40	\$ 217,966.40
3.	09-34-177-010	Nursing home facility	\$ 239.39	\$ 239.39
4.	See Attached	Related party-Alden Management	\$ 130,007.00	\$ 7,508.00
5.	See Attached	Related party-Forum	\$ 15,792.00	\$ 617.00
6.			\$	\$
7.			\$	\$
8.			\$	\$
9.			\$	\$
10.			\$	\$
		TOTALS	\$ 367,265.59	\$ 229,591.59

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2004 tax bill which is normally paid during 2005.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1				\$	1
2					2
3	TOTALS			\$	3

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	FOR OHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	Related party-Forum			1978	\$ 14,541	\$	25	\$	\$	14,541	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Climate Service (Ventilation)			1995	1,828	122	15	122		1,290	9
10	Climate Service (Ventilation)			1995	1,915	128	15	128		1,341	10
11	Climate Service _Controls			1995	2,885	192	15	192		2,019	11
12	Climate Service-Controls			1995	1,251	83	15	83		876	12
13	Climate Service (A?C Motors,Transfomer)			1995	1,840	123	15	123		1,278	13
14	climate Services _Controls			1995	1,200	80	15	80		827	14
15	JD & Sons-Roofing			1995	7,500	500	10	500		7,500	15
16	Grat Lakes Plumbing _Discahrge Pump			1995	3,563	238	15	238		2,455	16
17	Midwest Wlectrical			1995	3,332		5			3,332	17
18	Climate Services, Inc.-Ventilation			1995	2,295	153	15	153		1,556	18
19	CSI-New Pump			1995	1,483	136	10	136		1,483	19
20	Eagle Flag & Banner			1995	680	57	12	57		581	20
21	Equipment International _Repair Dishwasher			1996	1,793		5			1,793	21
22	JD & Sons-Roofing			1996	7,700	770	10	770		7,315	22
23	ABC _Roof top Condensor			1996	8,668	867	10	867		8,126	23
24	Install Walk in refrigeratror			1997	2,177		5			2,177	24
25	Install Ceramic Tile			1997	1,535		5			1,535	25
26	Engine/generator repaired			1997	3,099		5			3,099	26
27	New Cylinder			1997	12,800		5			12,800	27
28	Instll new condenser			1997	8,166		5			8,166	28
29	Install new cylinder			1997	15,300		5			15,300	29
30	Install Floor tile			1997	4,102		5			4,102	30
31	HVAC Boiler			1997	5,888		5			5,888	31
32	Custom wall plates			1997	386	39	10	39		319	32
33	A&B Custom Cable Wall plates			1997	1,918	192	10	192		1,583	33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number ALDEN TERRACE OF MCHENRY REHAB

0040691

Report Period Beginning:

1/1/2005

Ending:

12/31/05

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Wigdahl Electric (install new fixtures, relocate outlets)	1998	\$ 1,759	\$	5	\$	\$	\$ 1,759	37
38	Wigdahl Electric (repair lighting, timeclock)	1998	1,853		5			1,853	38
39	Climate Service (repaired boiler)	1998	16,029	1,603	10	1,603		12,690	39
40	Atash (repair spinkler system)	1998	1,558	156	10	156		1,246	40
41	J.D. & Son (roof repair)	1998	10,000	1,000	10	1,000		7,500	41
42	CSI (dietary refrigerator)	1998	1,670	167	10	167		1,253	42
43	CSI (sump cover)	1998	4,900	490	10	490		3,593	43
44	Patten (generator repairs)	1998	3,856	193	20	193		1,430	44
45	CSI (insulate duct on air handler)	1998	2,750	183	15	183		1,344	45
46	CSI (repair air conditioner)	1998	1,698	170	10	170		1,245	46
47	CSI (replace gaskets on hot water coil)	1998	3,934	197	20	197		1,410	47
48	North Town Food Service (repair dish machine)	1999	1,861	186	10	186		1,303	48
49	Alden Bennet Construction (tank replacement)	1999	8,649	346	25	346		2,364	49
50	Patten (Fuel Tank Repairs, need invoice)	1999	1,724	172	10	172		1,149	50
51	Chicago Cooling Corp. (repair of unit 5, and inspection)6/99	1999	2,367	237	10	237		1,558	51
52	Climate Service, Inc. (replace 15 ton condenser)	1999	9,374	625	15	625		4,062	52
53	Climate Service, Inc.(replace 10 ton condenser)	1999	7,100	473	15	473		3,076	53
54	Climate Service, Inc. (compressor)	1999	7,466	498	15	498		3,194	54
55	Climate Service, Inc.(vac pump)	1999	1,644	110	15	110		695	55
56	Climate Service, Inc.(compressor maintenance)	1999	1,728	115	15	115		720	56
57	Capps Plumbing & Sewer(install trap & rodded pipes)	1999	1,835	184	10	184		1,147	57
58	Climate Service, Inc.(tank repair and maintenance)	1999	2,380	95	25	95		579	58
59	Shine Rite Maintenance(refinish tile floors)	1999	4,805	481	10	481		2,924	59
60	Alden Bennet Construction (tile/roofing)	2000	8,214	821	10	821		4,791	60
61	Alden Bennet Construction (tile/roofing)	2000	11,459	1,146	10	1,146		6,112	61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 238,458	\$ 13,328		\$ 13,328	\$	\$ 180,279	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number ALDEN TERRACE OF MCHENRY REHAB

0040691

Report Period Beginning:

1/1/2005

Ending:

12/31/05

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 238,458	\$ 13,328		\$ 13,328	\$	\$ 180,279	1
2	Fox Valley Fire & Safety (replace smoke detectors)	2000	3,731	373	10	373		2,145	2
3	CSI Coker Service (repair dishwasher)	2000	3,299	330	10	330		1,897	3
4	Welding Supply Inc (repair alarm system)	2000	2,750	275	10	275		1,558	4
5	Welding Supply Inc (repair alarm system)	2000	6,649	665	10	665		3,768	5
6	System Electric Inc (new controls for oxygen system)	2000	1,785	223	8	223		1,264	6
7	GT Mechanical (repair laundry compressor)	2000	2,700	270	10	270		1,485	7
8	CSI Coker Service (repair dishwasher)	2000	1,536	154	10	154		845	8
9	Equipment International (repair laundry equipment)	2000	1,670	167	10	167		905	9
10	GT Mechanical (repair pneumatic system compressor)	2000	2,431	243	10	243		1,317	10
11	Advanced Parts & Service (repair food processor)	2000	2,026	203	10	203		1,098	11
12	CSI Coker Service (repair boiler)	2000	5,985	599	10	599		3,093	12
13		2000			10				13
14		2000			10				14
15	Capps -Plumbing & 2670(install new bolt flange checkvalve)	2001	1,865	124	15	124		621	15
16	Sentry Protection Systems (annual maintenance on the fire alarm)	2001	2,151	143	15	143		693	16
17	CSI- Coker Service, 039721	2001	1,523	152	10	152		736	17
18	Patten (replace with updated phase monitor)	2001	1,898	190	10	190		933	18
19	Rockford Steam(hvac work)	2001	6,562	656	10	656		3,062	19
20					15				20
21	GT Mechanical(replace compressor)	2001	4,947	330	15	330		1,484	21
22	Alden Bennett Const. (lock install./repair)	2001	2,017	202	10	202		942	22
23	GT Mechanical, Inc (replace high pressure switch)	2001	2,516	168	15	168		741	23
24	CSI Coker (bldng. Improvement)	2001	1,708	114	15	114		522	24
25	Alden Bennett Const. (invoice to follow)	2001	20,742	2,074	10	2,074		10,025	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 318,950	\$ 20,983		\$ 20,983	\$	\$ 219,413	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number ALDEN TERRACE OF MCHENRY REHAB

0040691

Report Period Beginning:

1/1/2005

Ending:

12/31/05

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 318,950	\$ 20,983		\$ 20,983	\$	\$ 219,413	1
2	<u>EQUINT Equipment International (gas dryer)</u>	2002	3,240	324	10	324		1,053	2
3	<u>AQUSER .REBUILD 2 WATER SOFTNE</u>	2002	2,500	250	10	250		813	3
4	<u>ALDBEN Alden Bennett Construct (need invoice)</u>	2002	18,173	1,212	15	1,212		4,847	4
5	<u>ENGSEC Engineered Security Sys</u>	2002	3,091	206	15	206		704	5
6	<u>ALDBEN Alden Bennett Construct</u>	2002	25,143	1,676	15	1,676		5,867	6
7	<u>ALDBEN Alden Bennett Construct (building improvement)</u>	2002	3,391	226	15	226		829	7
8	<u>TTIRRI T & T Irrigation Inc.(lawn sprinkler system)</u>	2002	15,000	600	25	600		2,150	8
9	<u>PATTEN (replace batteries of radiator & install crank case)</u>	2002	1,517	101	15	101		379	9
10	<u>FEMORA (REPLACED 50 SMOKE DETEC)</u>	2002	8,364	836	10	836		3,206	10
11	<u>FEMORA (REPAIR FIRE ALARM)</u>	2002	3,374	337	10	337		1,321	11
12	<u>GTMECH Gt Mechanical Inc (install new shaft & bearing).</u>	2002	2,216	148	15	148		579	12
13	<u>ALDBEN Alden Bennett Construct(install radar,painting & fire d</u>	2002	12,850	857	15	857		2,713	13
14									14
15	<u>Aqua Service-overhaul-water softener units</u>	2002	2,490	498	5	498		1,618	15
16	<u>ABC various repairs</u>	2002	54,669	2,733	20	2,733		8,883	16
17	<u>ABC-various reopairs</u>	2002	23,660	1,577	15	1,577		4,994	17
18	<u>Aurora Tri State Fire-smoke detectors</u>	2002	4,322	432	10	432		1,368	18
19	<u>Aurora Tri State Fire-smoke detectors</u>	2002	6,200	620	10	620		2,015	19
20	<u>Aurora Tri State Fire-install alarms</u>	2002	6,559	656	10	656		2,132	20
21	<u>Simplex Grinnell-remove old andsul dry clean unit</u>	2002	2,987	299	10	299		921	21
22	<u>A&B Custom Cable-install cable/outlets</u>	2003	4,908	286	10	286		858	22
23	<u>GT Mechanical-boiler repair</u>	2003	4,892	489	11	489		1,467	23
24	<u>ABC-receiving door/sensor</u>	2003	6,623	662	10	662		1,986	24
25	<u>ABC-ceiling heaters installed</u>	2003	4,570	457	10	457		1,333	25
26	<u>ABC-aluminum outdoor fencing</u>	2003	5,137	342	15	342		969	26
27	<u>Real Green sprinkler maintenance</u>	2003	3,730	746	5	746		1,927	27
28	<u>GT Mechanical- HVAC air handler repairs</u>	2003	1,533	307	5	307		742	28
29	<u>Action Fence Contractor-rail pipe railings</u>	2003	1,875	188	10	188		423	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 551,963	\$ 38,048		\$ 38,048	\$	\$ 275,510	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)
 B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 551,963	\$ 38,048		\$ 38,048	\$	\$ 275,510	1
2									2
3	Alden Bennett Const.-Roof repair	2004	16,439	1,644	10	1,644		2,740	3
4	Alden Bennett Const.-Floor repair	2004	2,429	243	10	243		405	4
5	Alden Bennett Const.-Roof repair	2004	1,854	185	10	185		278	5
6	CSI Coker-install thermostats	2004	1,853	371	5	371		525	6
7	GT Mechanical-replace motor pump	2004	1,362	272	5	272		386	7
8	Alden Bennett Const. Repair control valves	2004	2,643	529	5	529		705	8
9	GT Mechanical-receiver,controller/gauge	2004	2,165	217	10	217		271	9
10	Capps Plumbing-repair toilets,dishwasher	2004	1,635	164	10	164		205	10
11	Capps Plumbing-repair/rod main kitchen	2004	4,375	438	10	438		547	11
12	Alden Bennett Cons.lock setrs	2004	5,110	1,022	5	1,022		1,107	12
13	CSI Coker-replace A/C system	2004	5,103	510	10	510		723	13
14	Insinc Tellnet-DSL cable	2004	1,334	133	10	133		255	14
15	Alden Bennett Cons. Bathroom upgrades	2004	10,405	1,041	10	1,041		1,821	15
16	Alden Bennett Cons.-fire exit	2004	6,638	332	20	332		526	16
17	Alden Bennett Cons.-fire exit,stairwell,locks	2004	11,234	562	20	562		843	17
18	Alden Bennett Cons. Bathroom upgrades	2004	7,281	728	10	728		1,213	18
19	ABC - New window casement	2005	2,820		10				19
20	ABC - Time & Material Job# 8020	2005	1,756	176	10	176		176	20
21	GT Mechanical - Boiler repairs (Bearing assembly, Coupler, 3/4 h	2005	2,242	206	101	206		206	21
22	ABC - Time & Material Job# 8020	2005	5,676	473	10	473		473	22
23	EWS Welding - Equip Repair (Repair Oxygen back up system)	2005	3,429	357	8	357		357	23
24	New Horizons - (34) Install Cable/Jacks Connect CO Lines	2005	3,314	249	10	249		249	24
25	ABC - Time & Material Job# 8020	2005	19,770	1,483	10	1,483		1,483	25
26	EWS Welding - Equip Repair (Rebuilt wall oxygen units in 4 room	2005	2,317	217	8	217		217	26
27	Patten CAT - Paid thru AMS Repair Generator	2005	1,313	44	20	44		44	27
28	GT Mechanical - Replace Compressor	2005	6,460	287	15	287		287	28
29	ABC - Time & Material Job# 8020	2005	14,550	849	10	849		849	29
30	GT Mechanical - Condenser Fan Motor, Capacitor 705 mfd, Fan I	2005	2,054	80	15	80		80	30
31	A&B Custom Cable - 103 rms Cable TV Svc and Install master an	2005	10,094	421	10	421		421	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 709,618	\$ 51,277		\$ 51,277	\$	\$ 292,898	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 709,618	\$ 51,277		\$ 51,277	\$	\$ 292,898	1
2	A&B Custom Cable - 33 rms new cable TV Svc installed	2005	3,328	139	10	139		139	2
3	AMS - (Patten) Remove/Install Voltage Regulator	2005	2,650	88	10	88		88	3
4	A&B Custom Cable - paid by LG	2005	6,250	208	10	208		208	4
5	Oak Fire - Repaired System	2005	2,715	68	10	68		68	5
6									6
7	Related Party-Forum Prof Center Building:								7
8	Leasehold Improvement-Remodeling	1980	11,034		15			11,034	8
9	Leasehold Improvement-Remodeling	1980	17,284		20			17,284	9
10	Leasehold Improvement-Tenant Improvement	1987	893		13			893	10
11	Leasehold Improvement-AMS Remodel	1988	14,339		10			14,339	11
12	Leasehold Improvement-Roof	1994	3,203	200	16	200		2,204	12
13	Leasehold Improvement-Build.Improv.	1996	1,129	71	16	71		702	13
14	Leasehold Improvement-Asphalting	2000	88		3			88	14
15	Leasehold Improvement-DAI	2001	154	15	10	15		64	15
16	Leasehold Improvement-Bathrooms	2002	667	76	7	76		242	16
17	Leasehold Improvement-Suite Renovation	2003	1,638	164	10	164		491	17
18	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc	2004	1,801	329	7	329		465	18
19	Leasehold Improvement-Add-on Improvement, fixture base	1980	71		23			71	19
20	Leasehold Improvement-Add-on Improvement, lighting base	2001	123	25	5	25		117	20
21									21
22	Related Party-AMS:								22
23	Leasehold Improvement-Remodeling	1993	5,938		7			5,938	23
24	Leasehold Improvement-Remodeling	2002	4,861	694	7	694		1,997	24
25	Leasehold Improvement-Remodeling	2003	5,085	726	7	726		2,072	25
26									26
27									27
28	Forum Extended Care, LLC-building/building improv	1999	12,928	306	30	306		2,139	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 805,797	\$ 54,387		\$ 54,387	\$	\$ 353,541	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 244,300	\$ 30,706	\$ 30,706	\$		\$ 114,074	71
72	Current Year Purchases	69,683	7,063	7,063			7,063	72
73	Fully Depreciated Assets	113,899	3,599	3,599			113,899	73
74								74
75	TOTALS	\$ 427,881	\$ 41,367	\$ 41,367	\$		\$ 235,036	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77	Related Party - AMS	Various: Bus / Autos	1998-2004	4,706	111	111		3	4,638	77
78										78
79										79
80	TOTALS			\$ 4,706	\$ 111	\$ 111	\$		\$ 4,638	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 1,238,384	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 95,865	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 95,865	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 593,215	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Hints: Of the 3 categories of input, PLUG the category that requires the most manual input. For example:
Input Current Yr purchase section first, then the FD's (fully deprec assets), then plug the Not Fully Deprec. Section.

McHenry
2005 MEDICAID COST REPORT
SCH XI, SECTION C, PAGE 13
LINES 37-41

	<u>COST</u>	2005 <u>CURRENT</u> <u>BOOK DEPR.</u>	2005 <u>ST LINE</u> <u>DEPR.</u>	<u>ADJUSTMENT,</u> <u>IF ANY</u>	12/31/2005 <u>ACCUM.</u> <u>DEPR.</u>
F&F AND EQUIP. NOT FULLY DEPREC.					
<u>ON PRIOR PURCHASES</u>					
Related Party-Ams	15,100.00	4,687.00	4,687.00	0.00	1,100.00
	4,717.00	877.00	877.00	0.00	3,035.00
Computers	3,571.06	713.81	713.81	0.00	1,711.44
F & F	45,359.23	4,917.19	4,917.19	0.00	17,901.15
Equipment/Maj. Mov.	175,552.30	19,510.54	19,510.54	0.00	90,326.53
Partnership			0.00	0.00	
Off book equip./F & F			0.00	0.00	
SUBTOTAL LINE	244,299.59	30,705.54	30,705.54	0.00	114,074.12
<u>ON CURRENT PURCHASES</u>					
Related Party-Ams	812.00	50.00	50.00	0.00	50.00
Related Party-Forum	3,375.00	566.00	566.00	0.00	566.00
Computers	0.00	0.00	0.00	0.00	0.00
F & F	10,976.27	1,238.09	1,238.09	0.00	1,238.09
Equipment/Maj. Mov.	54,519.42	5,208.73	5,208.73	0.00	5,208.73
Partnership				0.00	
Off book equip./F & F			0.00	0.00	
SUBTOTAL LINE	69,682.69	7,062.82	7,062.82	0.00	7,062.82
FULLY DEPRECIATED ASSETS					
Related Party-Ams	53,991.00	882.00	882.00	0.00	53,991.00
Related Party-Forum	4,943.00	117.00	117.00	0.00	4,943.00
Computers	3,419.37	0.00	0.00	0.00	3,419.37
F & F	5,925.66	655.62	655.62	0.00	5,925.66
Equipment/Maj. Mov.	45,620.00	1,943.99	1,943.99	0.00	45,620.00
Partnership			0.00	0.00	
Off book equip./F & F			0.00	0.00	
SUBTOTAL LINE	113,899.03	3,598.61	3,598.61	0.00	113,899.03
TOTAL LINE	427,881.31	41,366.97	41,366.97	0.00	235,035.97
<u>TEST:</u>					
AMOUNTS FROM SPREADSHEETS:	344,943.28	34,464.95	34,464.95	0.00	171,350.97
AMS				#VALUE!	
FORUM				#VALUE!	
S/B ZERO	82,938.03	6,902.02	6,902.02	#VALUE!	63,685.00

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: T.L. Enterprises,Inc.
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☒ YES
- ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$ 1,745,242			3
4	Additions							4
5								5
6								6
7	TOTAL				\$ 1,745,242			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease
-
-

9. Option to Buy:
- ☒ YES
- ☐ NO
- Terms: 80,000/bed until 2010
- *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?
- ☐ YES
- ☒ NO
16. Rental Amount for movable equipment: \$ 14,126
- Description: copy machine\$13,481 postage \$645
- (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Related Party - AMS		\$ #####	\$ 32,586	17
18					18
19					19
20					20
21	TOTAL		\$ #####	\$ 32,586	21

10. Effective dates of current rental agreement:

Beginning 1995

Ending 2010

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2006	\$ 2,133,790
13.	/2007	\$ 2,177,240
14.	/2008	\$ 2,531,654

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

YES

X

NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

Skilled nurses on site

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost						
					Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 215,309	\$		\$ 215,309	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			70,196			70,196	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			240,450			240,450	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See pg 16A	# of prescrpts				217,497		217,497	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)									
10			hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):	See pg 16A				(115,011)	99,870		(15,141)	13
14	TOTAL			\$		\$ 410,943	\$ 317,367		\$ 728,310	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

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Col 5: PT,OT, & ST

Col 6: Supplies

XIV. Special Services (Direct Cost)			
Service Description	Col. 1: Ref. No.	To Pg 16: Col. No.	
1. OT	39-3	To Col 5	215,308.65
2. ST	39-3	To Col 5	70,195.50
3.			0.00
4. PT	39-3	To Col 5	240,450.00
5.			0.00
6.			0.00
7.			0.00
8.			0.00
Pharmacy Supplies per GL			152,819.56
Manual Input from Related Party- Forum Drugs			64,678.00
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	217,497.56
10.			0.00
11.			0.00
12. Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00
12. Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00
Total Exceptional Care (Line 12, Col 8)			0.00
13. Other:	See Pg 16A		0.00
13. Col 5: Manual Input: Related Party - CPT		To Col 5	(115,011.00)
Other			274,747.69
Manual Input: Related Party - Prism			(87,147.00)
Manual Input: Related Party FECII - Wound Vac			(1,707.00)
Manual Input: Related Party FECII - I.V.			(114,127.00)
Oxygen, from reclass worksheet			28,103.44
13. Col 6: Supplies Total		To Col 6	99,870.13
13. Total Line 13, Column 8			(15,140.87)
14. Total			728,310.84

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 170,000)	1,790,971		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	9,322		6
7	Other Prepaid Expenses	1,299		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd parties	130,405		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,931,997	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	825,528		15
16	Equipment, at Historical Cost	344,943		16
17	Accumulated Depreciation (book methods)	(554,056)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	206,246		21
22	Other Long-Term Assets (specPurchase Options	948,000		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,770,661	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,702,658	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,358,684	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	348,987		28
29	Short-Term Notes Payable	18,229		29
30	Accrued Salaries Payable	348,854		30
31	Accrued Taxes Payable (excluding real estate taxes)	20,841		31
32	Accrued Real Estate Taxes(Sch.IX-B)	228,100		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	accr. Ins,exps,idpa,sales tax	401,666		36
37	Due to Affiliates	5,653,936		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 9,379,297	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 9,379,297	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ (5,676,639)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,702,658	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (5,238,133)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (5,238,133)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(438,506)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (438,506)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (5,676,639)	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 9,415,345	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,415,345	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	37,818	6
7	Oxygen	72,822	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 110,640	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	35	12
13	Barber and Beauty Care	3,384	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	5,801	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	1,829	19
20	Radiology and X-Ray		20
21	Other Medical Services	73,322	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 84,371	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	383	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 383	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Recovery of bad debts & prior year a/p adjustments	8,271	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 8,271	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 9,619,010	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,398,487	31
32	Health Care	3,262,585	32
33	General Administration	2,047,802	33
	B. Capital Expense		
34	Ownership	2,222,111	34
	C. Ancillary Expense		
35	Special Cost Centers	953,521	35
36	Provider Participation Fee	173,010	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,057,516	40
41	Income before Income Taxes (line 30 minus line 40)**	(438,506)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (438,506)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? not yet done If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,848	2,032	\$ 64,240	\$ 31.61	1
2	Assistant Director of Nursing	2,056	2,120	62,838	29.64	2
3	Registered Nurses	35,452	38,218	1,019,596	26.68	3
4	Licensed Practical Nurses	16,921	18,043	419,159	23.23	4
5	CNAs & Orderlies	75,219	78,574	1,083,698	13.79	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,949	2,162	33,955	15.71	8
9	Activity Director	1,777	1,992	27,669	13.89	9
10	Activity Assistants	4,977	5,288	52,519	9.93	10
11	Social Service Workers	3,310	3,430	52,946	15.44	11
12	Dietician					12
13	Food Service Supervisor	1,896	2,080	35,360	17.00	13
14	Head Cook					14
15	Cook Helpers/Assistants	22,114	23,006	208,135	9.05	15
16	Dishwashers					16
17	Maintenance Workers	1,704	1,760	28,444	16.16	17
18	Housekeepers	20,516	21,089	171,261	8.12	18
19	Laundry	8,135	8,531	71,952	8.43	19
20	Administrator	1,944	2,080	88,131	42.37	20
21	Assistant Administrator					21
22	Other Administrative	5,224	5,520	108,473	19.65	22
23	Office Manager	2,016	2,080	31,166	14.98	23
24	Clerical	2,267	2,314	16,706	7.22	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	1,984	2,080	46,245	22.23	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)	1,968	2,080	50,378	24.22	32
33	Other(specify)	8,294	8,474	75,665	8.93	33
34	TOTAL (lines 1 - 33)	221,570	232,952	\$ 3,748,533 *	\$ 16.09	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 9,600	1-3	35
36	Medical Director	Monthly	16,500	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	7,584	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	47	2,595	11-3	44
45	Social Service Consultant	13	702	11-3	45
46	Other(specify)				46
47	Alzheimers Consultant	hours & other	812	11-3	47
48					48
49	TOTAL (lines 35 - 48)	60	\$ 37,792		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$		53

* This total must agree with page 4, column 1, line 45.

** See instructions.

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description		Amount	Description	Amount	
D. Tumulak	Administrator	0	\$ 88,130	Workers' Compensation Insurance		\$ 89,636	IDPH License Fee	\$	
				Unemployment Compensation Insurance		56,612	Advertising: Employee Recruitment	932	
				FICA Taxes		277,468	Health Care Worker Background Check		
				Employee Health Insurance		65,141	(Indicate # of checks performed 35)	355	
				Employee Meals		38,441	Ill Health Care Assoc.	12,144	
				Illinois Municipal Retirement Fund (IMRF)*			Surety Bond/other dues	1,513	
				Dental,Life,401K ,realtions		3,038			
				Employee vacciantions		1,174	Sec of State	100	
				drug test,miscellaneous expense		2,884	Related party	1,825	
				Mkt manager benefits		(4,980)	Related Party - AMS	688	
							Less: Public Relations Expense	()	
							Non-allowable advertising	()	
							Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1)				TOTAL (agree to Schedule V,		\$ 529,414	TOTAL (agree to Sch. V,		
(List each licensed administrator separately.)			\$ 88,130	line 22, col.8)			line 20, col. 8)		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description			Amount	Description	Line #	Amount	Description	Amount	
			\$			\$	Out-of-State Travel	\$	
							In-State Travel		
							Auto/Gas expense	3,176	
TOTAL (agree to Schedule V, line 17, col. 3)			\$				Related Party - AMS	19,092	
(Attach a copy of any management service agreement)									
C. Professional Services									
Vendor/Payee	Type		Amount						
			\$						
Alden Management Serv.	Management fees		718,753						
BDO Seidman	Accounting Fees		6,906						
K Fisch	Legal Fees		7,124						
Barry Greenburg	Legal Fees		2,100						
Medicom	Billing Consultants		453						
Janet L. Hermann	Legal Fees		1,415						
***Joe Keenan & Northwest Court R	Legal Fees		711						
SMS	Billing Consultants		9,922						
***Reimbursable / eliminated on 5A									
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL			(agree to Sch. V,		
(If total legal fees exceed \$2500 attach copy of invoices.)			\$ 747,383				line 24, col. 8)		
							TOTAL		
							\$ 24,024		

*** Attach copy of IMRF notifications**

****See instructions.**

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
1	painting and Decorating	11/95	\$ 9,250	3	\$	\$	\$	\$	\$	\$	\$	\$	\$
2	painting and Decorating	10/95	4,610	3									
3	Touchup painting	2/96	1,430	3									
4	Ice Machine; A/C Rep	5/96	3,451	10	345	345	345	345	115				
5	Boiler repair	5/96	2,437	10	244	244	244	244	81				
6	painting and Decorating	5/96	1,610	3									
7	painting and Decorating	9/96	1,078	3									
8	painting and Decorating	1/96	1,430	3									
9	HVAC Revision	2/96	1,590	10	159	159	159	159	13				
10	Painting	3/96	1,610	3									
11	Painting	8/96	1,610	3									
12	Painting	4/96	1,610	3									
13	Painting	7/96	1,610	3									
14	Painting	12/96	1,104	3									
15	Painting	9/96	1,610	3									
16	Painting	11/96	1,380	3									
17	Install motor	4/96	3,406	10	341	341	341	341	85				
18	Dishwasher motor	5/96	1,789	10	179	179	179	179	60				
19	Replace inducer motor	1/97	3,051	3									
20	TOTALS		\$ 45,666		\$ 1,268	\$ 1,268	\$ 1,268	\$ 1,268	\$ 355	\$	\$	\$	\$

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year							
					FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
1	Belts ande defrost timer	5/97	\$ 1,608	3	\$	\$	\$	\$	\$	\$	\$	
2	Hot Water mixing Valve	6/97	2,886	3								
3	Repair A/C	7/97	1,593	3								
4	Boiler repair	10/97	1,505	3								
5	Painting	10/97	15,609	3								
6	Sink/valve replacement	2/98	1,961	3								
7	A/C air handlers	4/98	1,733	3								
8	Painting	3/98	7,492	3								
9	Painting	6/98	4,628	3								
10	Painting	9/98	2,651	3								
11	Painting	12/98	9,008	3								
12	Tank Repair	4/99	1,925	3	160							
13	Painting	7/99	8,432	3	1,405							
14	Painting	7/00	8,926	3	2,975	1,487	0					
15	Repair HVAC	1/00	1,626	3	542	0	0					
16	Paving/Wallcover	9/00	8,309	3	2,770	1,847	0					
17	Painting/Wallcover	9/00	7,654	3	2,551	1,701	0					
18	Bolt Flange/Check valve	1/01	1,865	3	622	622	0					
19	Fire Alarm Maint	3/01	2,151	1	359							
20	Painting	07/04	0	3			0					
20	TOTALS		\$ 91,562		\$ 11,384	\$ 5,657	\$	\$	\$	\$	\$	

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13	
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
1	Replace phase monitor	02/01	\$ 1,898	3	\$ 633	\$ 633	\$ 106	\$	\$	\$			
2	Replace shaft	06/01	2,239	5	448	448	448	448	187	0	0	0	0
3	Replace pressure switch	0701	2,516	5	503	503	503	503	251	0	0	0	0
4	Coker	03/01	1,523	5	305	305	305	305	77	0	0	0	0
5	Painting	07/04	23,430	3			3,905	7,810	7,810	3,905	0	0	0
6										0	0	0	0
7													
8	Totals from page 22		45,666		1,268	1,268	1,268	1,268					
9	Totals from page 22A		91,562		11,383	5,657							
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 168,834		\$ 14,540	\$ 8,814	\$ 6,535	\$ 10,334	\$ 8,325	\$ 3,905	\$ 0	0	0

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IHCA: \$12,144
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? yes
What was the average life used for new equipment added during this period? 9
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 37,705 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO _____ If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
No
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 173,010
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? no For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 38,441 Has any meal income been offset against related costs? no Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? _____
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ 0
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: BDO Seidman The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain. Not yet completed
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees